

**NATIONAL GUARD  
REQUEST FOR STATUS OF FORM**

The proponent agency is NGB-DMJ-P. The prescribing directive is AR 25-30 and AFI 33-360v2.

REQUESTING OFFICE: *(Include Office Symbol & Address)*

POINT OF CONTACT:

PHONE:

DSN:

FAX:

DSN:

EMAIL ADDRESS:

ALTERNATE:

**SECTION I - ACTION OFFICE**

PROPONENT AGENCY: *(Include Office Symbol & Address)*

POINT OF CONTACT:

PHONE:

DSN:

FAX:

DSN:

EMAIL ADDRESS:

ALTERNATE:

**SECTION II - FORM INFORMATION**

FORM NUMBER:

FORM DATE:

FORM TYPE:

PRESCRIBING DIRECTIVE:

PRESCRIBING DIRECTIVE CURRENT? ☐ YES ☐ NO

PRIVACY ACT REQUIRED? ☐ YES ☐ NO

**SECTION III - FORM STATUS**

CHECK ONE OF THE FOLLOWING:

- ☐ CURRENT *(No changes anticipated at this time.)*
- ☐ REVISION NEEDED *(Submit a DD67, Forms Action Request for Revision.)*
- ☐ SUPERSEDED BY: \_\_\_\_\_
- ☐ CANCEL *(Submit a DD67, Forms Action Request for Cancellation.)*

**SECTION IV - REMARKS**

**SECTION V - PROPONENT SIGNATURE**

SIGNATURE

DATE